

<p><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/568,781-Conf. #5251</td> </tr> <tr> <td>Filing Date</td> <td>February 21, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Istvan LINDMAYER</td> </tr> <tr> <td>Examiner Name</td> <td>Q. H. Vu</td> </tr> <tr> <td>Art Unit</td> <td>3763</td> </tr> <tr> <td>Attorney Docket No.</td> <td>3347-0105PUS1</td> </tr> </table>		Application Number	10/568,781-Conf. #5251	Filing Date	February 21, 2006	First Named Inventor	Istvan LINDMAYER	Examiner Name	Q. H. Vu	Art Unit	3763	Attorney Docket No.	3347-0105PUS1
Application Number	10/568,781-Conf. #5251														
Filing Date	February 21, 2006														
First Named Inventor	Istvan LINDMAYER														
Examiner Name	Q. H. Vu														
Art Unit	3763														
Attorney Docket No.	3347-0105PUS1														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT (\$) 960.00															

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)													
		Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)														
Utility	330	165	540	270	220	110															
Design	220	110	100	50	140	70															
Plant	220	110	330	165	170	85															
Reissue	330	165	540	270	650	325															
Provisional	220	110	0	0	0	0															
2. EXCESS CLAIM FEES																					
							Small Entity														
							Fee (\$)														
Fee Description							Fee (\$)														
Each claim over 20 (including Reissues)							52														
Each independent claim over 3 (including Reissues)							220														
Multiple dependent claims							390														
							195														
<table border="0" style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>14</td> <td>- 20 or HP</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	14	- 20 or HP	x	=				
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
14	- 20 or HP	x	=																		
HP = highest number of total claims paid for, if greater than 20.																					
<table border="0" style="width: 100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>1</td> <td>- 3 or HP</td> <td>x</td> <td>=</td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	1	- 3 or HP	x	=							
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1	- 3 or HP	x	=																		
HP = highest number of independent claims paid for, if greater than 3.																					
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																	
	- 100 =	/50 =	(round up to a whole number) x	=																	
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...							405.00														
2253 Extension for response within third month							555.00														

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	39,491
Name (Print/Type)	Michael R. Cammarata	Telephone	(703) 205-8000
		Date	January 9, 2009